Division of Public Health F-44724 (10/08)

WISCONSIN WELL WOMAN PROGRAM

BREAST CANCER DIAGNOSTIC AND FOLLOW-UP REPORT (DRF)
Instructions: Before completing this form, refer to the Breast Cancer Diagnostic and Follow-Up Report (DRF) Completion Instructions, F-44724A. For reimbursement, send the claim and this completed form to Wisconsin Well Woman Program (WWWP), P.O. Box 6645, Madison, WI 53716-0645.

reimbursement, send the claim			risconsin vveli vvoi	nan Frogram (w	vvvr), r.O. box o	045, Madison, WI 557 10	-0043.	
SECTION I — BILLING PROV	/IDER INFORMATION	<u> </u>						
1. Provider ID	2. Name — Billing Pr	rovider	3. Taxonomy Co	de	4. Practice Loca	Practice Location ZIP+4 Code		
SECTION II MEMBER DES	CONAL INCODMAT	ON						
SECTION II — MEMBER PER	NOUNAL INFURMATION							
5. Last Name — Member		6. Firs	t Name — Membe	r		7. Middle Initial —	Member	
8. Previous Last Name — Mer	mher	9 Mer	nber Identification	Number		10. Date of Birth (M	M/DD/CCYY)	
o. I revious East Name — Mei	IIDCI	J. IVICI	inder identification	Number		To. Bate of Birti (W	W/DD/OOTT)	
SECTION III — BREAST DIA	GNOSTIC PROCEDU	RES				•		
	AL MAMMOGRAPHIC		<u> </u>	FILM COMPARISON				
				O4 Data Dara				
11. Date Performed (MM/DD/CCYY)					21. Date Performed (MM/DD/CCYY)			
12. Name — Rendering Provider (Print)				22. Name — Rendering Provider (Print)				
13. RESULT (Check One Box	Only)			23 RESULT	(Check One Boy (Only)		
□ Negative (BI-RADS 1)	Offig)			23. RESULT (Check One Box Only) ☐ Negative (BI-RADS 1)				
☐ Benign Findings (BI-RAI	ns 2)			☐ Regative (BI-RADS 1) ☐ Benign Findings (BI-RADS 2)				
☐ Probably Benign — Sho		DVD6 3	١	Denign	☐ Probably Benign — Short-Term Follow up (BI-RADS 3)			
☐ Suspicious Abnormality					☐ Suspicious Abnormality — Consider Biopsy (BI-RADS 4)			
☐ Highly Suggestive of Ma		I-NADS	4)	☐ Highly Suggestive of Malignancy (BI-RADS 5)				
☐ Assessment Incomplete		ditional E	Evaluation)				nal Evaluation)	
(BI-RADS 0)	(Findings Require Aut	וווטוומו ב	Evaluation)	□ Assessment Incomplete (Findings Require Additional Evaluation) (BI-RADS 0)				
	AST CONSULTATIO	N		FINE NEEDLE ASPIRATION				
14. Date Performed (MM/DD/0				24. Date Performed (MM/DD/CCYY)				
Name — Rendering Provide	der (Print)			25. Name — Rendering Provider (Print)				
16 DECLUT / DECOMMEND	ATION (Chook One De	on Only)		26 DECLILT (Check One Boy Only)				
16. RESULT / RECOMMENDA		ox Offig)		26. RESULT (Check One Box Only)				
□ No Intervention, Routine	: Follow up			□ Not Suspicious for Cancer				
☐ Short-Term Follow up		☐ Suspicious for Cancer						
☐ Biopsy / FNA Recommended				☐ No Fluid or Tissue Obtained				
BIOPSY				ULTRASOUND				
17. Date Performed (MM/DD/0	CCYY)			27. Date Performed (MM/DD/CCYY)				
18. Name — Rendering Provider (Print)			28. Name — Rendering Provider (Print)					
g	,			20. Name Rendering Freviation (Films)				
10. Pioney Associated Imagine	a D Mammagram	□ I IItro	oound	20 DECLILT	(Chook One Boy (Only)		
19. Biopsy Associated Imaging			29. RESULT (Check One Box Only) □ Negative (BI-RADS 1)					
20. RESULT (Check One Box	• /		(5.010)#					
Normal Breast Tissue			in Situ (DCIS)*	☐ Benign Findings (BI-RADS 2) ☐ Brehably Panign — Short Torm Fallow up (BI-RADS 2)				
Other Benign Changes			a in Situ (LCIS)	☐ Probably Benign — Short-Term Follow up (BI-RADS 3)				
Atypical Hyperplasia	Invasive B	reast Ca	ıncer*	 ☐ Suspicious Abnormality — Consider Biopsy (BI-RADS 4) ☐ Highly Suggestive of Malignancy (BI-RADS 5) 				
*Treatment Required				☐ Assessment Incomplete (Findings Require Additional Evaluation)				
•					(BI-RADS 0)			
				(BI-RA	DS 0)			
Shading indicates additional for	ollow up required for W	/WWP.						
30. NOTES								
31. RECOMMENDATION								
☐ Follow Routine Screening Schedule Months			☐ Short-Term Follow up Months					
□ Additional Mammograph		□ Ultra	sound		☐ Breast Consultation ☐ Fine Needle Aspiration ☐ Biopsy			
☐ Treatment						•	. ,	
	NOSIS — Check One	Box Onl	v					
32. STATUS OF FINAL DIAGNOSIS — Check One Box Only ☐ Complete* ☐ Pending ☐ Member Deceased ☐				□ Lost to Follow	vun 🗆 🗆	Refused Work-up		
,			□ Lost to Follow up □ Refused Work-up					
*Must complete Element 33 (Final Diagnosis).								
33. FINAL DIAGNOSIS (Required if "Complete" is checked in Element 32 [Status of Final Diagnosis].)								
Date (MM/DD/CCYY) if any box below is checked								
☐ Breast Cancer Not Diagnosed ☐ Lobular Carcinoma in Situ (LCIS) ☐ Ductal Carcinoma in Situ (DCIS)* ☐ Invasive Breast Cancer**								
*Complete Treatment Date and Treatment Status. **Complete Treatment Date, Treatment Status, Tumor Stage, and Tumor Size.								
			•	•	•	-	Continued	



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SECTION III — BREAST DIAGNOSTIC PROCEDURES (Continued)										
34. TUMOR STAGE AND TUMOR SIZE (AJCC) — Required if invasive breast cancer.										
□ Stage I	□ Stage II	□ Stage III	□ Stage IV	Tumor size	cm					
35. TREATMENT STATU	IS									
☐ Treatment Started			☐ Refused by Member							
Lost to Follow up			□ Alternative Trea	☐ Alternative Treatment (e.g., homeopathic therapy, herbal medicine, etc.						
Member Deceased										
36. TREATMENT DATE	(MM/DD/CCYY)									